2016 Meaningful Use Requirements

for Eligible Professionals

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Agenda

- 2015 Meaningful Use (MU)
  - Attestation resources
  - Option for Medicaid eligible professionals (EPs)
  - Hardship exception application
- 2016 MU Requirements
- Questions & Answers

Disclaimer

- This presentation was prepared to assist EHR Incentive Program EPs and their office staff gain knowledge about the 2016 MU requirements that were published by the Centers for Medicare & Medicaid Services (CMS) on October 16, 2015.
- The information provided is based on the interpretation of the CMS final rule by the Quality Insights staff and is not intended to take the place of either the written law or regulations.

Attestation for Program Year 2015

- Only 20 days left until the deadline.
- February 29, 2016 is the last possible day to attest with Medicare - do not wait until the last day.

- Providers that attested with Medicaid in 2014 who don't have a 30 percent Medicaid patient volume in 2015, should attest with Medicare in 2015 to avoid a penalty.
- Providers that can attest with Medicaid in 2015 need to check with their state Medicaid agency for attestation deadline.

Attestation Resources

- Login to My Quality Insights > access the "**Optimizing Your EHR**" community > click on the "**Resources**" icon:
  - 12 mini-webinar recordings (2 -20 minutes each, total time 45 minutes) for each MU objective plus how to attest to the clinical quality measures
  - Webinar slides
  - Attestation Instruction Manual
  - CMS attestation worksheet for the 10 objectives
  - Clinical Quality Measure worksheet
- Quality Insights staff available for individual assistance

Attestation Clarification for Objective 10

- EPs in 1st or 2nd year of EHR program in 2015 may claim an Alternate Exclusion for Measure 1 (Immunization Registry), Measure 2 (Syndromic Surveillance), or Measure 3 (Specialized Registry).
- EPs in 3rd , 4th, or 5th year of EHR program in 2015 may claim an Alternate Exclusion for Measure 2 (Syndromic Surveillance) or Measure 3 (Specialized Registry) or both.

What if You Cannot Attest to MU in 2015?

- CMS will impose a 3 percent penalty in 2017 to Medicare EPs who did not meet MU in 2015.
- EPs can avoid the penalty by submitting a hardship exception.
- The deadline is **March 15, 2016** for physicians and **April 1, 2016** for hospitals/CAHs.

New Hardship Exception Process

- In the past, CMS reviewed each application on a case-by-case basis to determine if the penalty will be waived.
- Recent legislation passed on 12/28/15, the Patient Access and Medicare Protection Act (PAMPA), allows CMS to consider hardship exceptions for categories of providers so all applications will automatically be approved.
- Practices can submit one application for multiple providers in their group.

CMS FAQs for Hardship Exception

- CMS released **FAQ #14113** on 2/1/15 stating that hardship applications do not require submission of documentation.
- CMS also updated **FAQ #12845** on 2/1/15 to provide additional guidance specific to hardship category 2.2d .
- Providers who experienced an issue with their CEHRT related to the 2015 rule timing, and any other provider for whom the timing of the rule caused a significant hardship, should select sub-category 2.2d on the 2017 hardship exception application.

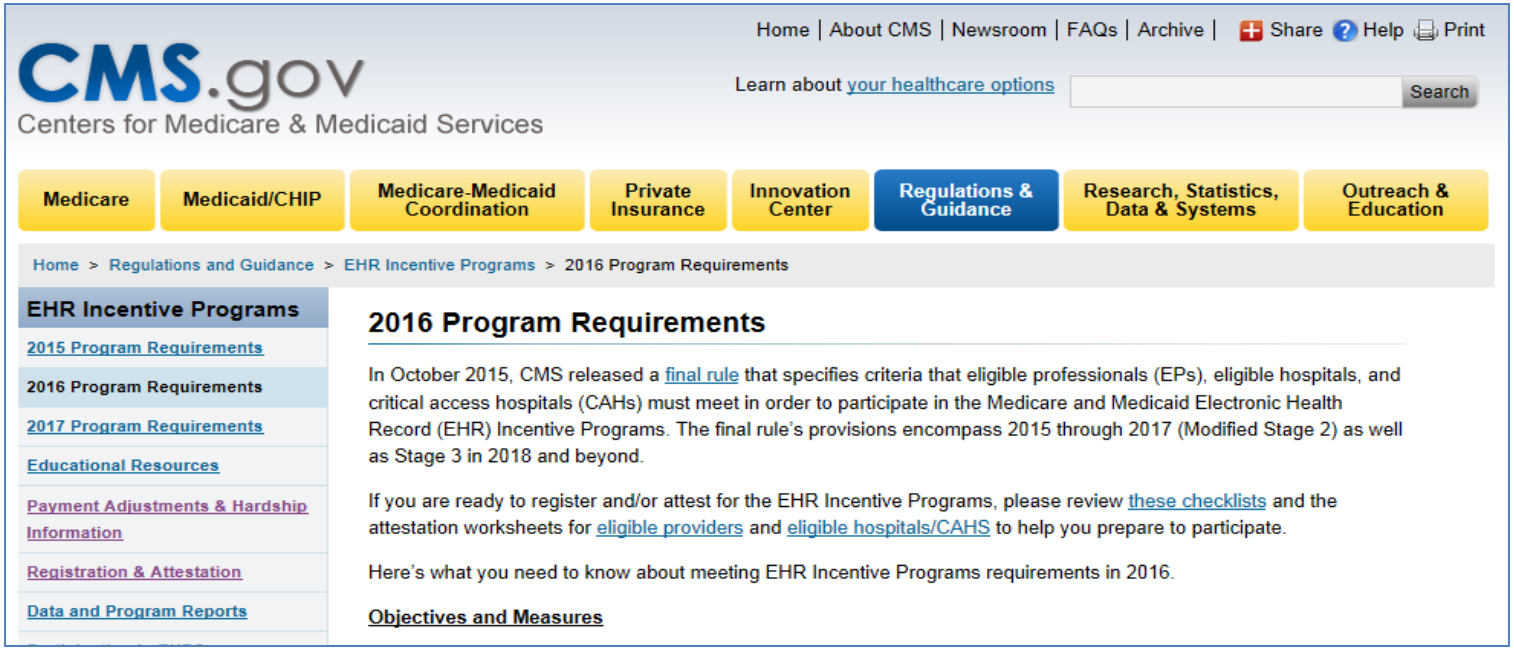
Hardship Exception Categories

- 7 hardship exception categories:
  - 2.1 - Insufficient internet activity
  - 2.2a - Disaster
  - 2.2b - Practice or hospital closure
  - 2.2c - Severe financial distress
  - 2.2d - EHR certification/vendor issues
  - 2.3 - Lack of control over availability of CEHRT
  - 2.4 - Lack of face to face patient interaction or follow-up

- The hardship exception application and instructions are available here.

2016 MU Requirements

- CMS recently updated their website and now have a page dedicated to 2016 program requirements
- 2016 MU Requirements



Certified EHR Technology

- EPs can use EHRs certified to the 2014 Edition or the 2015 Edition.
- Everyone will need to upgrade their EHR to the 2015 Edition prior to January 1, 2018.

Reporting Period

- Everyone has a full calendar year (365 day) reporting period except EPs that have never participated in the EHR program.
- EPs that are new participants in the EHR program have a reporting period of any continuous 90-day period.

Payment Adjustments: Program Year 2016

- EPs who attest prior to February 28, 2017 will avoid the 2018 penalty.
- EPs who are new participants in 2016 can also avoid the 2017 penalty if they attest prior to October 1, 2016.

Objective 1: Protect PHI

- **No change from 2015.**
- **Measure:** Conduct or review a security risk analysis, address security and encryption of ePHI, implement security updates as necessary, and correct identified security deficiencies.
- Exclusion: none
- REC in each state is available to perform the Privacy & Security assessment (fees involved).

P&S Assessment Contacts

- Contact information to request P&S assessments:
  - New Jersey: info@njhitec.org
  - Louisiana: rec@lhcqf.org
  - Delaware, Pennsylvania & West Virginia: Adam Kehler - akehler@wvmi.org

Objective 2: Clinical Decision Support

- **Change from 2015:** EPs in first year of program must implement 5 CDS interventions instead of one.
- To meet this objective an EP must satisfy both measure 1 and measure 2:
  - **Measure 1:** Implement 5 CDS interventions related to 4 or more clinical quality measures (CQM) for the entire EHR reporting period.
    - **Exclusion for Measure 1:** None
  - **Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.
    - **Exclusion for Measure 2:** An EP who writes fewer than 100 medication orders during the EHR reporting period.

Objective 3: CPOE

- **Change from 2015:** EPs in first year of program must meet 60% threshold for medication orders instead of 30%. Alternate exclusions are only available for EPs in first year of program for laboratory and radiology orders, not for medication orders.
- To meet this objective, an EP must satisfy all 3 measures:
  - **Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.
  - **Exclusion for Measure 1:** Any EP who writes less than 100 medication orders during the EHR reporting period can be excluded.

Objective 3: CPOE Labs and Radiology

- **Measure 2**: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.
  - **Exclusion for Measure 2**: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.
  - **Alternate Exclusion for Measure 2**: Any EP in first year of program may claim an alternate exclusion for laboratory orders.
- **Measure 3**: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
  - **Exclusion for Measure 3**: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.
  - **Alternate Exclusion for Measure 3**: Any EP in first year of program may claim an alternate exclusion for radiology orders.

Objective 4: e-Prescribing

- **Change from 2015:** EPs in first year of program must meet 50 percent threshold instead of 40 percent.
- **Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary AND transmitted electronically.

- **Exclusions:**
  - Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.
  - Any EP who does not have a pharmacy in their organization or within 10 miles of his practice that accepts electronic prescriptions at the start of the EHR reporting.

Objective 5: Health Information Exchange

- **Change from 2015:** EPs in first year of program must meet objective instead of claiming an exclusion.
- **Measure:** Any EP who refers a patient to another provider or transitions a patient to another setting must use CEHRT to create a Summary of Care record AND electronically transmit it to a receiving provider for more than 10 percent of referrals and transitions of care.
- **Exclusion:** Any EP who has fewer than 100 referrals or transitions of care during the EHR reporting period.

Objective 6: Patient Education

- **Change from 2015:** EPs in the first year of the program must meet this objective instead of claiming an exclusion.
- **Measure:** More than 10 percent of all unique patients seen by the EP during the EHR reporting period are given patient specific education resources that were identified by CEHRT.
- **Exclusion:** Any EP who has no office visits during the EHR reporting period is excluded.

Objective 7: Medication Reconciliation

- **Change from 2015:** EPs in first year of program must meet this objective instead of claiming an exclusion.
- **Measure:** The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
- **Exclusion:** Any EP who was not the recipient of a transition of care during the EHR reporting period.

Objective 8: Patient Electronic Access

- **Change from 2015:** EPs in first year of program must meet both measures instead of claiming an exclusion for measure 2.
- To meet this objective an EP must satisfy both measure 1 and measure 2:
  - **Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.
    - Exclusions:
      - An EP who neither orders nor creates any of the information listed for inclusion as part of the measures is excluded.
      - An EP with restricted broadband on the first day of the EHR reporting period is excluded.

Objective 8: Patient Electronic Access (continued)

- **Measure 2**: At least **1 patient** seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits his/her health information to a third party during the EHR reporting period.
  - **Exclusions**:
    - An EP who neither orders nor creates any of the information listed for inclusion as part of the measures is excluded.
    - Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period is excluded.

Objective 9: Secure Messaging

- **Change from 2015:** The EP must send a message to at least one patient using the portal. Also, EPs in first year of program must meet objective instead of claiming an exclusion.
- **Measure:** The EP must send a secure electronic message using the electronic messaging function of CEHRT to at least one patient or representative during the EHR reporting period. A reply to a patient's message also counts for this measure.
- Measure is focused on EP action, rather than patient-initiated action.
- **Exclusions:**
  - An EP who has no office visits during the EHR reporting period is excluded.
  - An EP with restricted broadband on the first day of the EHR reporting period is excluded.

Objective 10: Public Health Reporting

- **Change from 2015:** Alternate exclusions are not available for anyone and EPs in first year of program must meet two measures instead of one.
- In 2016, all EPs must meet two measures, and eligible hospitals and CAHs must meet three measures
- Three public health measures:
  - Measure 1: Immunization Registry Reporting
  - Measure 2: Syndromic Surveillance Reporting
  - Measure 3: Specialized Registry Reporting

Active Engagement

- CMS defines “active engagement” as registry or syndromic surveillance reporting.
- There are three phases of “active engagement”
  - Phase 1 - Completed registration to submit data
  - Phase 2 - Testing and Validation
  - Phase 3 - Production

Phase 1 of Active Engagement

Phase 1 – Completed Registration to Submit Data

- EP contacts public health agency (PHA) or clinical data registry (CDR) prior to or within the first 60 days of the EHR reporting period to notify them of intention to report.
- Deadline to register for 2016 is February 29, 2016.
- This phase of active engagement continues until testing begins.

Phase 2 of Active Engagement

Phase 2 – Testing and Validation

- EP received invitation from PHA or CDR to begin testing electronic submission of data.
- EP must respond to request from PHA/CDR within 30 days of request.
- If EP fails to respond to the PHA/CDR's second request within 30 days again, this objective cannot be met and MU cannot be achieved.

Phase 3 of Active Engagement

Phase 3 – Production

- Testing and validation is completed and the EP is electronically submitting data to the PHA or CDR.

Measure 1: Immunization Registry Reporting

- **Measure:** EP is in active engagement with a public health agency to submit immunization data.
- **Exclusions:**
  - EP does not administer immunizations during the EHR reporting period.
  - EP operates in a jurisdiction for which no immunization registry/IIS is capable of accepting specific standards required to meet CEHRT definition at the start of the EHR reporting period.
  - EP operates in a jurisdiction where no immunization registry/IIS has declared readiness to receive immunization data at the start of the EHR reporting period.

Measure 2: Syndromic Surveillance Reporting

- **Measure:** EP is in active engagement with a public health agency to submit syndromic surveillance (SS) data.
- **Exclusions:**
  - EP is not in a category of providers from which ambulatory SS data is collected by their jurisdiction's SS system.
  - EP operates in a jurisdiction for which no PHA is capable of receiving electronic SS data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
  - EP operates in a jurisdiction where no PHA has declared readiness to receive SS data from EPs at the start of the EHR reporting period.

States Accepting Syndromic Surveillance from Physician Offices

Only 17 states/cities have a PHA that is accepting registrations for SS reporting from physician offices (as of October 2015).

- Arkansas
- California
- Georgia
- Illinois
- Kentucky
- Michigan
- New Mexico
- New York City
- North Dakota
- Ohio
- Pennsylvania
- South Dakota
- Utah
- Virginia
- Washington
- Wisconsin
- Wyoming

Measure 3: Specialized Registry Reporting

- **Measure:** EP is in active engagement to submit data to a "specialized registry".
- **Exclusions:**
  - EP does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by a specialized registry in their jurisdiction during the EHR reporting period.
  - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
  - Operates in a jurisdiction for which no specialized registry has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Specialized Registry Reporting Options

Cancer Registry:

- Participation is usually limited to EPs that diagnose and treat cancer, but check with your state registry to see if you can submit data.
- If your EHR system is not capable of submitting data to the cancer registry, this does not allow you to take a standard exclusion.

Specialized Registries Reporting Options

Specialized Registry

- Check your state health department for registries that are available.
- Check for a clinical data registry that is run by a National or Specialty Society that you are engaged with or a member of and ask if they have a qualified clinical data registry.
- Just because your vendor has the capability to submit to national specialized registries, it is not required that you report to one.
- If an EP does not diagnose or treat cancer patients **AND** does not belong to a specialized society that accepts data, the EP can claim an exclusion for this measure.

How to Pass Objective #10

- If an EP cannot pass two of the measures, then the EP must be able to qualify for the standard exclusion for all 3 measures or pass one and take the standard exclusions on the other 2 measures.

Measure	How to meet objective #10
Report Immunizations	Pass either Syndromic or Specialized or claim exclusion for both
Excluded from Immunizations	Report to both Syndromic and Specialized (by passing both, excluding both, or combination)
Report Syndromic	Pass either Immunization or Specialized or claim exclusion for both
Excluded from Syndromic	Report to both Immunization and Specialized (by passing both, excluding both, or combination)
Report Specialized	Pass either Immunization or Syndromic or claim exclusion for both
Excluded from Specialized	Report to both Immunization and Specialized (by passing both, excluding both, or combination)

Question #1 about Objective 10

- **Question:**
  - I am an EP who is excluded from immunizations because I do not administer them. I registered intent for Syndromic Surveillance. My EHR vendor is able to report to 10 specialized registries, but will charge me. Am I required to pay the vendor to report to a specialized registry in order to pass this objective?
- **Answer:**
  - CMS does not allow 'cost' to be a reason for a provider to take an exclusion. In order to attest to the Specialty Registry, the registry needs to be a 'Specialty Society' that the provider is affiliated with (a member of) and the provider is able to submit data to that registry. Just because the vendor has this option available, if the EP is not a member of the society the vendor can submit data to, the EP is not required to consider any of these registries. Also, the provider is not required to go through their EHR system to submit data to the specialized registry. The data does need to be submitted electronically but does not have to be done through the EHR system.

Question #2 about Objective 10

- **Question:**
  - If I get audited, what documentation is acceptable to show that I have registered to report to a Specialized Registry?
- **Answer:**
  - CMS is still finalizing this guideline. ONC stated that you need a confirmation from the registry that you registered your intent.

Question #3 about Objective 10

- **Question:**
  - What is the definition of "submit electronically" for specialized registries? Can it be manual entry of data into a web portal of some sort?
- **Answer:**
  - The data needs to come from your EHR system and be submitted electronically, but it does not actually need to be submitted through your EHR System. Manual entry would not be considered an electronic submission, but our understanding is if you pulled a report from your EHR and transmitted that electronically, then that would be sufficient.

Clinical Quality Measure Reporting

- **No change from 2015 CQM reporting requirement.**
- Must report 9 measures from 3 of the 6 National Quality Strategy domains.
- Must report measures that do not have a zero denominator unless remaining measures also have a zero.
- Make sure you have implemented 5 clinical decision support rules based on at least 4 of the CQMs you are reporting.

Do You Need Assistance?

- In some states, Quality Insights is still accepting practices to join our Improving Outcomes by Optimizing Your EHR project. Practices must see Medicare patients to participate.
- We have a new 2016 MU Pocketcard that is available on My Quality Insights and report cards to track your MU status so you can identify barriers that might prevent you from achieving MU in 2016.

Quality Insights HIT Team – State Contacts

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Question & Answer Session

Thank you for joining us.

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Please take a brief moment to complete the evaluation at the conclusion of this session.

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